



## ST. BERNARDINE FAITH FORMATION

### FAMILY FAITH FORMATION 2025-2026

Dear Faith Formation Families,

The first catechists in any child's life are its parents or guardians. They are the ones who first provide a child with a concept of right and wrong; the ones who—for better or worse—make manifest the Father's love.

With this in mind, our goal here at St. Bernardine of Siena is to create a faith formation program for our parish children that affirms and supports parents in their essential role. Our hope is to enter into a sacred partnership with parents, working together to form these precious little ones so that they can internalize and embrace the truths of our Church within their lives.

This is why we are excited to announce our Family Faith Formation program for children in grades K-5, using the Finding God program from Loyola Press. This program is for any parish family with children who are not currently enrolled in a Catholic school.

#### Monthly Family of Faith Gatherings

Monthly Family of Faith gatherings take place on Sunday morning. These sessions are for BOTH parents and their children and will last approximately from 9:00 – 10:00 a.m. During this time families will engage in activities and presentations to help them encounter and dive into our Catholic Faith. Following this 1 hr group activity families will attend our 10 a.m. Sunday Mass. After the Mass our coordinator and other mentors will be available to answer questions and provide guidance to families regarding the at home learning.

#### At-Home Learning:

During the remaining weeks, parents and students will complete weekly lessons that are designed for the entire family to do together. These lessons are intended to be interactive, filled with Scripture quotes and are designed to reinforce and deepen your family's understanding and appreciation of our Catholic faith. Families also are given options, allowing them to choose the lessons/activities which best fit the needs of their particular child(ren).

Registrations for the 2025-2026 School Year are due by Friday, September 5, 2025. There is a registration fee of \$75 for one child, \$120 for two, and \$175 for a family for three or more. Families preparing for First Reconciliation and First Communion have an additional fee of \$25 as well.

Please know of my continued prayers for you, your child(ren), and your whole family, and please remember that our entire parish staff is here for you and is ready and willing to support you in any way possible! God bless your family!

Yours on the Path,

Jill Moore  
Coordinator of Elementary Faith Formation



## ST. BERNARDINE FAITH FORMATION

### REGISTRATION FORM **FAMILY FAITH FORMATION 2025-2026**

24410 Calvert St. – Woodland Hills, CA – 91367 – (818) 340-1440

Date: \_\_\_\_\_

#### Family Information

Family Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home#: ( ) \_\_\_\_\_ Registered at St. Bernardine ☐ YES ☐ NO

If no, would you like to register as a parishioner at St. Bernardine? ☐ YES ☐ NO

Address mail to \_\_\_Mr./Mrs. \_\_\_Mr. \_\_\_Mrs. \_\_\_Miss \_\_\_Dr./Mrs. \_\_\_Mr./Dr. \_\_\_Other: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Relationship to Child: ☐ Father ☐ Other

Cell Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Relations to Child: ☐ Mother ☐ Other

**Mother's Maiden Name:** \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Living Arrangements: \_\_\_With Both Parents \_\_\_with Father \_\_\_With Mother \_\_\_With Guardian

Are there any custody issues or a restraining order in place? ☐ Yes ☐ No

If yes, enclose a copy of the most recent applicable court order(s).

Given the nature of the program, does your child have any physical mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child or youth to participate? ☐ Yes ☐ No

If yes, what type of restriction(s) does your child have or what adjustment(s) will be needed?

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Classes will be offered for Grades K through 5 with Sunday monthly gatherings and at home study

Fee Schedule: One Student \$75; Two Students \$120; Three Students \$175;  
Additional fee for those 2nd year students \$25

Checks payable to St. Bernardine - Classes will begin Sunday, September 14th for 1st year students and  
September 21st for 2nd year (1st Communion Prep)

Email this completed form to [childrensministry@stbernardine.org](mailto:childrensministry@stbernardine.org) or mail/drop off to the Parish Office

To follow the U.S. Bishops' "Charter for the Protection of Children and Young People," the *Empowering God's Children* Safety Program will be implemented in the Religious Education program. Your signature gives permission for your child's participation.

\_\_\_\_\_ (Signature of parent/guardian)

**\*\*\*WE CONFIRM REGISTRATION THROUGH EMAIL ONLY\*\*\***

For office use only: Received date \_\_\_\_\_ Paid date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check# \_\_\_\_\_

Notes: \_\_\_\_\_

**Please complete the back**

**STUDENT 1 Information**

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
School: \_\_\_\_\_ Grade 25-26 School Yr: \_\_\_\_\_ Reading at grade level: \_\_ Yes \_\_ No  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: M or F  
Health or Classroom Concerns: \_\_\_\_\_  
Email Address/iPhone# for Zoom Session (if needed): \_\_\_\_\_  
Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State \_\_\_\_\_  
Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State \_\_\_\_\_  
First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State \_\_\_\_\_

\*\*\* If the student is new to the program, please include a copy of the student's baptismal certificate. \*\*\*

**STUDENT 2 Information**

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
School: \_\_\_\_\_ Grade 25-26 School Yr: \_\_\_\_\_ Reading at grade level: \_\_ Yes \_\_ No  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: M or F  
Health or Classroom Concerns: \_\_\_\_\_  
Email Address/iPhone# for Zoom Session (if needed): \_\_\_\_\_  
Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State \_\_\_\_\_  
Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State \_\_\_\_\_  
First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State \_\_\_\_\_

\*\*\* If the student is new to the program, please include a copy of the student's baptismal certificate. \*\*\*

**STUDENT 3 Information**

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
School: \_\_\_\_\_ Grade 25-26 School Yr: \_\_\_\_\_ Reading at grade level: \_\_ Yes \_\_ No  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: M or F  
Health or Classroom Concerns: \_\_\_\_\_  
Email Address/iPhone# for Zoom Session (if needed): \_\_\_\_\_  
Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State \_\_\_\_\_  
Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State \_\_\_\_\_  
First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State \_\_\_\_\_

\*\*\* If the student is new to the program, please include a copy of the student's baptismal certificate. \*\*\*